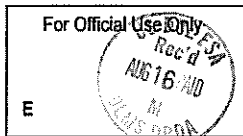


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11196</u>	2. Fiscal Year Covered From: <div>1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name <u>Albert</u> <u>F</u> <u>Frattali</u>  P.O. Box, Bldg., Room No., if any  Street <u>2433 Reed Street</u>  City <u>Philadelphia</u>  State <u>Pennsylvania</u> ZIP Code + 4 <u>19146</u>	4. Name, file number, and address of labor organization. Name <u>Iron Workers Local 405</u>  Labor Organization File Number <u>026-333</u>  P.O. Box, Building and Room Number, if any  Street <u>2433 Reed Street</u>  City <u>Philadelphia</u>  State <u>Pennsylvania</u> ZIP Code + 4 <u>19146</u>
5. Position in labor organization. <u>Business Agent/Fin. Secty/Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.        

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Albert Frattali</u>	On <u>8/10/05</u> Date	<u>215-462-7300</u> Telephone Number

Name of Person Filing **Albert Frattali**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name **Iron Workers Local 405**Trade Name, if any: **Annuity Fund**

P.O. Box, Bldg., Room No., if any

Street **2433 Reed Street**City **Philadelphia**State **Pennsylvania** ZIP Code + 4 **19146**

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

**Plan Administrator of Local Union Annuity Fund.**

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

**Value of meals related to attendance at Board of Trustee meetings.**

## 12.b. Amount.

**\$138**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing Albert Frattali

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Iron Workers Local 405

Trade Name, if any: Apprentice Fund

P.O. Box, Bldg., Room No., if any

Street 2433 Reed Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19146

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Plan Administrator of Iron Workers Local 405  
Apprentice Fund.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of expenses related to Attendance of  
Apprentice Competition as observer in San  
Francisco, CA 9/10/04 to 9/16/04.

## 12.b. Amount.

\$1,985

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Iron Workers District Council of Phila

Trade Name, if any: Health Welfare and Pension Fund

P.O. Box, Bldg., Room No., if any

Street 6401 Castor Ave

City Philadelphia

State Pennsylvania

ZIP Code + 4 19149

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee of Iron Workers District Council Health and Welfare and Pension Funds

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of expenses related to attendance at Board of Trustee meetings.

## 12.b. Amount.

\$1,373

Name of Person Filing Albert Frattali

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Slough, Horneff & Fischer, P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 16 W. Vassar Road

City Audubon

State New Jersey

ZIP Code + 4 08106

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers Local 405

Trade Name, if any: Annuity Fund

P.O. Box, Bldg., Room No., if any

Street 2433 Reed Street

City Philadelphia

State Pennsylvania

ZIP Code + 4 19146

11.a. Nature of such dealing.

Accountant for Annuity Fund and Local Union 405.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Complimentary Tickets (2) NFL Game.

12.b. Amount.

\$140

Name of Person Filing Albert Frattali

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Ark Asset Management Co., Inc

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 125 Broad Street

City New York

State New York

ZIP Code + 4 10004

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Phila

Trade Name, if any: Health Welfare and Pension Fund

P.O. Box, Bldg., Room No., if any

Street 6401 Castor Ave

City Philadelphia

State Pennsylvania

ZIP Code + 4 19149

## 11.a. Nature of such dealing.

Performs investment consulting and advisory services for the Welfare and Pension Funds.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of meal provided at dinner meeting.

## 12.b. Amount.

\$153

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name M.D. Sass Associates, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1185 Avenue of the Americas

City New York

State New York ZIP Code + 4 10036-2699

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers District Council of Phila

Trade Name, if any: Health Welfare and Pension Fund

P.O. Box, Bldg., Room No., if any

Street 6401 Castor Ave

City Philadelphia

State Pennsylvania ZIP Code + 4 19149

## 11.a. Nature of such dealing.

Performs investment consulting and advisory services for the Welfare and Pension Funds.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Value of meal provided at dinner meeting.

## 12.b. Amount.

\$224

## LM-30 Attachment

Ending date of report period: 12/31/04  
LM-30 File Number: To be assigned

### LM-30 Items Number

8, 9, 11a and 11b    Per direction provided by U.S. DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.